

**Report and Recommendations
to the Legislature on S-265 of 2006, Sec. 8.**

Issues affecting Women under Correctional Supervision

Agency of Human Services
Incarcerated Women's Initiative

Scott Johnson, MS, Deputy Commissioner
AHS Field Services

Susan A. Onderwyzer, MSW LICSW LADC, Program Services Executive
VT Department of Corrections

Jill G. Evans, BSW, Project Manager
VT Department of Corrections/AHS Incarcerated Women's Initiative

February 15, 2007

Table of Contents

Statute and Recommendations	Page	3
Executive Summary	Page	5
Identification and Exploration of the Issues		
Gender Differences in Incarceration Rates	Page	11
Family Related Issues Facing Women Inmates	Page	13
Housing Issues Facing Women Inmates Returning to the Community	Page	17
Mental Health and Substance Abuse Treatment Issues Facing Women Offenders	Page	20
Alternatives to Incarceration For Women Offenders	Page	23
Bibliography and Resources	Page	25

S. 265 Statutory Language and *Recommendations*

Please see below for excerpts of the statutory language, with recommendations in bold for action in response to the statutory language, put forward by the Agency of Human Services, Incarcerated Women's' Initiative Core Team.

(a) The core team of the agency of human services incarcerated women's initiative, so-called, shall study and propose solutions to problems as they relate to women offenders in Vermont. In particular, the core team shall:

(1) Explore whether and to what extent women are incarcerated at a higher rate than men who are convicted of the same offense. If the study determines that there is indeed a difference in the incarceration rate, then the committee shall attempt to determine the causes underlying this difference and propose potential legislative responses.

- *To study the use of detention for women and men whose offenses are misdemeanor/non-violent crimes in order to determine gender differences;*
- *To test the hypothesis that women are incarcerated as a method of 'protection' where there is a perceived risk to the woman, rather than to protect the 'public safety'.*

(2) Identify, explore, and propose legislative responses to the family-related issues facing many women inmates, including issues of guardianship.

- *To evaluate the cost and mechanism for provision of subsidized guardianship supports to kinship care arrangements;*
- *To increase coordinated case management services and supports;*
- *To include family impact statements in Pre-Sentence Investigations and on violations that will result in incarceration;*
- *To develop capacity for alternatives to incarceration in the sentencing of the primary caregiver that will support intact families.*

(3) Identify, explore, and propose legislative responses to the issues many women inmates face upon release from the facility relating to the need to find suitable housing.

- *To increase and coordinate existing funding for reentry and transitional services to include programs of support and case management;*
- *To develop an AHS Housing Voucher system by utilizing existing federal funds;*
- *To create a revolving loan fund for housing;*
- *To fully implement GA Housing Pilot in three districts and evaluate the outcomes for consideration of further replication.*

(4) Identify, explore, and propose legislative responses to the issues many women offenders face relating to the need to access adequate mental health and substance abuse treatment, both within the facilities and in the community.

- *To provide increased funding for expansion of eligibility for mental health and substance abuse services through both community mental health centers and private providers;*
- *To evaluate treatment court outcomes for consideration of statewide expansion with commensurate community based services;*
- *To increase availability of community based gender specific treatment programs.*

(5) Identify, explore, and propose legislative responses to the need for alternatives to incarceration for women, to reduce overcrowding in prisons, to reduce the impact of separation of mothers from their children, and to reduce the separation of women from their home communities.

- *To support the development of residential and transitional housing options which include children, as a pre-sentence alternative to incarceration;*
- *To review and develop alternative policing and sentencing practices such as pre-sentence alternatives to incarceration and police social workers.*

Section C. of S. 265 asks the Core Team to recommend responses to the issues identified as they may pertain to male offenders. While this report focuses primarily on women, identification of processes and procedures which will be applicable to men are emerging.

Executive Summary

The number of women incarcerated in Vermont has increased from 15 in 1985 to 33 in 1995 to over 170 in 2006. If this trend continues, Vermont's average daily count of incarcerated women will exceed 300 within the next 6 years. Currently, Vermont has exceeded its incarcerative bed capacity for women.

The "Incarcerated Women's Initiative" (IWI), begun in April, 2005, has been studying the factors which contribute to the growth of the population of women under the supervision and custody of the Department of Corrections, and was tasked by the Agency of Human Services to reverse the growth curve. This report seeks to present and clarify the key issues and address potentially promising legislative solutions. Of the many people who have contributed to this initiative, those who participated in the development of this report include: staff of various departments within the Agency of Human Services; mental health and substance abuse providers; community members and volunteers who work with the women; The Vermont Research Partnership, and the women themselves.

This report completes the November 15, 2006 preliminary report reviewed by the Corrections Oversight Committee with members of the IWI Core Team and the University of Vermont on December 17, 2006. Responses to 3 specific areas of inquiry by the committee are contained in this executive summary:

- The development of a system of services that will provide **alternatives to incarceration** of women;
- Increased **coordination and collaboration** between Departments within the Agency of Human Services; specifically focusing on Department for Children and Families and Department of Corrections;
- The need for enhanced **housing** opportunities coupled with supportive services.

While each of the 5 sections of S-265 is dealt with separately after the executive summary, the report seeks to weave together the disparate parts into an integrated view of the women, and the solutions to their increased involvement with the criminal justice system. A comprehensive approach to understanding the issues will lead to effective holistic responses which the authors believe will be the most successful.

Increased female involvement with the criminal justice system is a nationwide phenomenon. The research identifies the following salient etiological features:

- A National Institute of Justice funded study entitled, "Pathways to Prison: Impact of Victimization on the Lives of Incarcerated Women", Dana D. Dehart, PhD, 2004, identified that past histories of victimization is a risk factor for crime in women's lives, and an impediment to rehabilitation.
- A majority of women involved in the criminal justice system are engaged in substance abuse and/or are dependent on drugs and alcohol.
- Families of origin were dysfunctional and unstable.
- Women are often victims of abuse throughout their developmental life spans.
- Women are often marginalized by poverty, race and gender.
- Women are often under-educated and unemployed or under-employed and dependent on men who are also involved in criminal behaviors and activities.

While each of the 5 areas of investigation requires a high degree of specificity, they must be regarded as parts of a whole system, addressed in an integrated way. This is necessary to have the desired impact on both the women who are currently incarcerated and/or at risk for incarceration while under community supervision, but also for their children who are the next generation of people at risk. The areas examined in greater detail by the IWI committee are encompassed in this report, of which the most notable are: Alternatives to incarceration of women; suitable, safe and affordable housing for women and families; and coordinated services within the Agency of Human Services with specific interagency collaboration between DOC and DCF. The highlights of these sections are contained herein, with further information in the body of the report, and within the appendices.

There are a number of promising projects, activities and agency wide shifts in approaches to working with women and families. Legislative attention and support to these issues facing Vermonters is recognized and appreciated.

Alternatives to Incarceration

Since the inception of the IWI, there have been multiple activities that have shown promise in coordinating services and providing effective interventions with this population. Alternatives to incarceration include a range of approaches and services, as well as programs which deal specifically with women as alternative sanctions to incarceration. These have been thoroughly explored in an earlier report submitted in April of 2006 for the Legislature.¹

The committee wrote in the report:

“That which has become clear to those who have been studying the phenomenon of overcrowding in our women’s correctional facilities is that the causes are complex and require coordinated multi-systemic responses. We have made strides in furthering the broader scope of understanding as to those causes and must now marshal our collective resources in order to stem the tide. We believe the areas which must be targeted for significant change in policy, practice and perhaps resources are:

- Treatment of Substance Use Disorders within a constellation of other co-existing disorders: targeted case management external to the Department of Corrections.
- Support and assistance to family functioning: mentoring, family based services, advocacy, and children of incarcerated women as a treatment population.
- Financial assistance: benefits enrollment and access to concrete services.
- Housing assistance: safe, sober, stable and affordable.
- Vocational training, education and job placement and support.
- Coordination of services to include criminal justice system.

¹ Report to the Legislature on H. 516, Section 143a; Women and Substance Abuse; Study Group for Alternatives to Incarceration for Women Offenders. April 2006

- Criminal justice system and policy changes; Treatment courts, pre-arraignment, and pre-adjudication assessment and diversion practices, use of police social workers.²

In the arena of substance abuse services for women, best practice suggests that early intervention can prevent further deterioration in functioning and increased involvement in the criminal justice system. As referenced in the excerpt above, there are promising advances in providing treatment as part of diversion and even at the point of being arrested and charged. Once addictive disorders have progressed and a woman has become more deeply engaged in the criminal justice system, more intensive services become necessary. Targeted, non-categorical case management can be effective in providing coordination of care, and enhanced wrap around services. These include advocacy, support, liaison and linkage between agencies/providers of services, balanced accountability and resources for success, and timely, relevant consequences, when necessary.

Rutland, Barre and Burlington areas have received grant funding from the Governor's Drug Enforcement, Treatment, Education and Recovery (DETER) budget for innovative community based programs for women. Each has elected to utilize approaches specific to their selected population. Each area has significant numbers of women at risk for incarceration due to substance use disorders and related criminal behavior. Each of the proposals funded include a community response team approach to assessment and intervention, and coordination with DOC. We expect to learn a great deal from the divergent approaches being taken. These programs represent systemic interventions aimed at reducing the need for incarceration, and are in line with emerging best practices.

Alternatives to incarceration, as mentioned above, encompass a broad range of activities. In addition to development of more effective and earlier individual and family based treatment and prevention services, and upstream diversion from criminal justice responses, there is a need for alternative residential intervention, when warranted. The Department of Corrections, in concert with the Vermont Department of Health, Alcohol and Drug abuse Division, has contracted with Phoenix Houses of New England, to expand the Tapestry program located in Brattleboro, to provide short term assessment, stabilization and treatment to those women who are at risk for reincarceration, due to relapse related behaviors. This program, Tapestry II, is scheduled to open in March of 2007, and will accommodate up to 16 women for periods ranging from 2 weeks to 90 days. We believe this will have a significant impact on the population of women in our incarcerative facilities, with the potential to reduce incarcerative admissions by upwards of 64 per year. In FY 2006, there were 974 different women admitted to correctional facilities. This alternative to incarceration will work collaboratively with other points of service in the continuum of care to eliminate gaps in treatment from intensive residential to outpatient community care.

Efforts to study and refine best practices in working in an integrated modality with women (and men) that have both substance use and mental health disorders are ongoing at local, state and Federal levels. Vermont has recently been awarded a grant to participate in the "Chief Justice-Led Task Force to Promote Criminal Justice / Mental Health Collaboration". The proposal submitted by the task force identified the following goal: to develop 'a coordinated strategic plan which establishes realistic priorities to address the needs of people with mental illnesses, divert them from the criminal justice system, increase their functioning and reduce recidivism'.

² Ibid pg 7

Coordination and Collaboration

The AHS reorganization and the Incarcerated Women's Initiative (IWI) have reinforced the importance of better collaboration and integration of services to provide improved outcomes for families impacted by both child protection and the criminal justice system. The Departments of Corrections (DOC) and Children and Families, Family Services Division (DCF-FS) often work with the same families where parents struggle with poverty, drug addiction and their children who can become at risk of foster care placement and engaging in high risk behaviors. Failure to develop more collaborative and family centered practices may negatively impact children, caretakers, families, and staff in both departments, as well as the outcomes for both mothers and fathers in the criminal justice system.

The IWI demonstrates that progress is being made increasing collaboration and integrated family-centered practices between DOC and DCF-FS through internal practice and policy change without the need for legislative response and/or additional funding.

A number of collaborations between the departments have developed and evolved over the last 2 – 3 years; much of which has happened at the local level. Many of the districts have reported a general improvement in communication and positive relationships with the inception of the AHS reorganization. Following are some examples of the types of activities occurring around the state:

- DCF-FS staff (including Directors and Supervisors) attends Sexual Abuse Treatment Team meetings regularly as standing members at the Probation Offices.
- DOC issues a monthly list of offenders under supervision to the local Family Services office for caseload comparisons.
- There is an MOU in place between DOC and DCF-FS for information sharing.
- DCF-FS coordinates case planning when a parent is involved with DOC.
- Collaboration occurs around blended sentences between local Probation and Parole and DCF-FS offices, including a signed local procedure involving case co-management practices for youthful offenders in some sites.
- DOC and DCF-FS monthly case staffings look at co-funding and alternative housing, among other environmental and psycho-social factors affecting outcomes.
- DOC staff participate in a Family Group Conferencing, Reflective Supervision Group that meets monthly in Waterbury that includes staff who coordinate the use of Family Group Conferencing (FGC) in DCF-FS, along with staff from the UVM Child Welfare Training Partnership.

The following areas, have been identified and/or developed for improved collaboration between DOC and DCF-FS, will generate integrated, holistic and family-centered practices for parents involved in the criminal justice system and their children including:

- Gathering data and available information that reveals the overlap between systems of child protection and corrections, that will help us better understand the issues involving women under DOC supervision who have DCF-FS involvement. We are in the process of determining the numbers of cases in 2006 where Parental Rights were terminated (TPR), and were involved with DOC. We are also developing methodologies to better understand how many children in placement have mothers and/or fathers in prison or under criminal justice supervision, how many women and men under correctional supervision have children, and where and with whom these children reside.
- The IWI Project Manager will be located and focused in the Burlington District for at least the next 6 months to specifically develop some tangible strategies and products with regard to collaboration between DOC and DCF-FS, in the form of best practice protocols, where there are intersecting cases. These protocols will deal specifically with:
 - Integrated case planning between DOC and DCF-FS and coordinating the delivery of services to woman and their children;
 - Enhanced supports and services when a TPR process is being pursued;
 - Ensuring appropriate visitation and maintaining healthy connections when a parent is incarcerated;
 - Developing more formal collaboration practices with the DCF-FS Domestic Violence Unit in intersecting cases where domestic violence is present.
- Provide cross training so that staff have a basic understanding of the operations, mandates and casework practices of the DOC and DCF-FS systems.
 - Piloting a model of integrated family-centered and family-involvement strategies between DOC and DCF-FS, blending the needs for accountability, restorative efforts and social inclusion. This pilot will use the “Building Safety & Strengthening Families Practices Framework” (Signs of Safety) to provide a structure for guiding balanced intervention and supports with women and their children.

Housing Recommendations

A variety of groups are working on addressing housing issues for those who are hard to house such as the “Hard to House” workgroup, the Vermont Interagency Council on Homelessness (VICH), the Incarcerated Women’s Initiative (IWI), Youth Transitioning out of foster care and independent groups within each district. Women transitioning out of corrections are one of those targeted groups that will benefit from providing options to successful transitioning. There are many reasons why individuals become homeless. In the report, “Supportive Housing for the Hard to House”, dated November 2006 compiled by David Tucker of Brown, Buckley, and Tucker for the Hard to House Group, it states, “...people with mental health issues, substance abuse issues, people with bad credit histories, and people with criminal records were among the ‘hard to House’ in Vermont.” This document complements the efforts the Agency of Human Services is engaged in pertaining to service delivery and transitioning people into communities from our institutions.

While there are many efforts in supportive housing throughout the state, listed below are four unique and effective attempts within AHS districts that could be used as models throughout the State of Vermont.

- The **Landlord Insurance Fund for Tenants** (LIFT) program in Lamoille creates a fund to guarantee security deposits and last months rent to help encourage landlords to rent to the hardest to house residents. The insurance fund was established by the Morrisville AHS Field Director as a partial

solution to housing problems that were identified by the 2005 Lamoille Housing Summit. The fund has been capitalized through community fund raising and a small amount of seed money from the AHS Field Director, Direct Service Fund.

- The **Northern Lights House** (NLH) in Chittenden County is a transitional residential environment for women who are reentering the community and under supervision of the Department of Corrections (DOC). The program emphasizes individual and group responsibility, self development and determination while creating a sense of community to support women's success in living healthy, productive lives. It is operated by the Howard Center and is supported by the Northern Lights Consortium and community organizations with major operational funding through DOC.
- The **Housing Search and Retention Specialists** work out of the Burlington Housing Authority and one employee works solely with female offenders. The Housing Specialist meets with women in the prison facility, identifies the specific needs of each woman related to the intended town of residence & associated restrictions on location of residence as outlined by the offenders' caseworker (i.e. victim issues, restrictions based on crime, etc) and then works with local landlords in securing an apartment. The relationships that the Housing Specialist has with landlords are critical in maintaining available housing options for offenders. The Housing Specialist retains a relationship with the offender after residential placement to ensure she is being a good tenant, paying bills on time, helping to rectify ongoing issues, and often ensuring that the female is attending any needed social services to aid in successful reintegration (appointments, state assistance, etc).
- The **Pathways to Housing** effort in the Brattleboro area can support up to 20 families with children and individuals in rental housing while they participate in comprehensive case management services. These services, provided by area human service agencies, will be focused on improving the housing skills and overcoming the issues which have made it difficult for participants to obtain or retain housing.

According to the Vermont Housing Budget and Investment Report (Jan. 15, 2007), the State of Vermont invests a substantial amount of resources into building affordable housing along with support services for residents. For example, \$36,040,000 is allocated directly to section 8 vouchers for low income Vermonters through the Vermont State Housing Authority.

\$48,572,884 is allocated toward housing assistance and subsidies statewide through the Agency of Human Services, the Vermont State Housing Authority, and the Vermont Housing Finance Agency. Additionally, \$36,460,298 is directly allocated to bricks and mortar through the Department of Housing and Community Affairs, the Vermont Housing and Conservation Board, and the Vermont Housing Finance Agency.

Substantial resources are distributed to house Vermonters through many entities. The newly reconstituted Interagency Council on Homelessness will be one entity that will explore how those dollars are allocated and distributed to more effectively meet the housing needs of Vermonters.

The following pages contain information requested by S-265 and as reported on November 15, 2006 in our *Preliminary Report*. The legislation specifically requested that we study and propose solutions in the following five areas: gender differences, family related issues, housing, mental health and substance abuse treatment, and alternatives to incarceration.

Identification and Exploration of the Issues

1) Gender Differences in Incarceration Rates

Introduction

S-265 asked the Core Team to explore whether and to what extent women are incarcerated at a higher rate than men who are convicted of the same offenses.

Data analysis available to date would suggest that women are not incarcerated at a higher rate than men who are convicted of the same offense at the time of sentencing. The Vermont Center for Justice Research in 2004, analyzed case flows, time to disposition, disposition patterns and sentence lengths, and found that women were not treated adversely in the judicial system, identifying equity in outcomes between genders at all stages of the court process.

Additional analysis is needed to better understand potential gender differences in the use of detention, and in cycling patterns resulting from violations and returns to incarceration.

Recent Research and Indicators

According to 2005 data, women account for 19% of the total offender population, and 10% of the total violent offender population, under some form of correctional supervision in Vermont. They account for only 4-5% of the total felony level violent offender population under some form of supervision. In June of 2005, 56.3% of the incarcerated male population was serving time for crimes of violence. For women the rate for crimes of violence was 23.7%. This included felony and misdemeanor level violence against a person as well as “felony serious” rated crimes. The most frequently occurring serious crime for which men were incarcerated in 2005 was Sexual Assault on a Minor. For women it was Retail Theft – Felony, not a violent crime³.

In 2005, women made up on average 25.4% of all arrests in Vermont⁴. Women accounted for 26.4% of the new entrants to some form of DOC custody in 2005⁵, suggesting that women are not convicted and placed under supervision at a higher rate than men, based on arrest rates.

³ Vermont Department of Corrections *Facts & Figures FY2005*

⁴ Vermont Department of Public Safety, Division of Criminal Justice Services. *The New Vermont Crime Report: Vermont Crime On-Line - Crimes in Vermont by Gender 2004*, http://www.dps.state.vt.us/cjs/crime_04/vcon.htm

⁵ Vermont Department of Corrections *Facts & Figures FY2005*

While there was no finding of gender differences in initial sentencing for similar crimes, and arrest and conviction rates are proportional, there does appear to be some evidence of a higher use of detention for women than men, especially given the more non-violent crimes for which women are incarcerated. In 2005, there were a total of 934 unique women admitted to a correctional facility, with admissions totaling 1,193. Fifty-four percent were admitted as detentioners. During that same time, 6,014 unique men were admitted a total of 7,982 times. Men were admitted only 46% of the time as detentioners⁶.

Data suggests the need to do further analysis on possible differences between how men and women are processed after initial sentencing and entering Department of Corrections custody, in terms of cycling patterns resulting from violations and return to incarceration based on the high percentage on non-violent women who are actually being incarcerated.

Data pertaining to reincarceration patterns for men and women demonstrates that women account for 16-17% of the Pre-approved Furlough (PAF) and Conditional Reentry population in Vermont⁷. In the period between 12/11/05 and 9/27/06, women accounted for 15% of the total number of returns to incarceration. These rates of returns are in line with population demographics.

In a detailed point in time analysis of the incarcerated women's population on 12/31/04, conducted by Justice Brian Burgess, he found that more than half of the women who were incarcerated had violated their probation, and that 38% of the women were cases that had started as community based Intensive Substance Abuse Program (ISAP) sentences that were revoked for having violated conditions of release.⁸ Similar analysis has not been done on the male population.

In monthly reports provided by the IWI Project Manager, data has shown that an average of 64% of the total admissions to women's facilities each month are for "returns" to prison by DOC for violations; 70% of the women being returned were under supervision for non-violent crimes. The majority of these returns are for relapse of substance use disorders.

Current Work in Progress

- Data representing the rates of re-incarceration of women for violations of conditions of release are being regularly analyzed and considered for revisions of DOC policy and practice.
 - There is on-going review of DOC policy as it relates to conditions of supervision of offenders for whom involvement with alcohol and other drugs (AOD) is the primary issue.
 - A pilot project is under consideration which will look at use of interagency and interdisciplinary involvement and resources in decisions to re-incarcerate women on violations of conditions of supervision

⁶ Vermont Department of Corrections *Facts & Figures FY2005*

⁷ Vermont Department of Corrections *Facts & Figures FY2005*

⁸ Burgess, Brian L. *Review of the Circumstances of Women Incarcerated on December 31, 2004*, Office of the Administrative Judge for Trial Courts, Compiled March 4, 2005

2) Family Related Issues Facing Women Inmates

Introduction

S-265 asked the Core Team to identify, explore, and propose legislative responses to the family-related issues facing many women inmates, including issues of guardianship.

The family related issues facing women inmates, the majority of whom are single mothers, are significant and complex. Arrest and incarceration of the mother, resulting in separation of her from her child(ren), impacts greatly on her, on her child(ren), on their caregivers and, at times, the child welfare system.

Research has shown that children who experience parental incarceration are at a higher risk of emotional and behavioral problems, and involvement in both foster care and the criminal justice systems as both juveniles and adults. According to the Center for Children of Incarcerated Parents, boys of prisoners are 7-10 times more likely than other children to go to prison.

Maintaining appropriate, healthy and functional family contact during parental incarceration is important to the well being of children. It also improves the chances for successful community reentry when a parent's sentence is completed. Children benefit from regular parental contact which helps address the permanency needs of the children impacted by the separation. If the family is to be reunited, maintaining the attachments and relationships through visitation is essential.

This section will provide a cursory review of issues and research affecting family related guardianship issues faced by women involved in corrections. A broader and more comprehensive analysis will be required.

Recent Research and Indicators

In Vermont, 80% of the women in prison are mothers, and 75% were the primary caregiver at the time of their arrest.⁹ When women go to prison in Vermont, data from the Mothers and Families United Program in both facilities, indicates that approximately 55% of the time their children are then cared for in kinship situations, 20% in the foster care system, and 25% by their fathers. In 2005, 934 women were admitted to prison, which translates into roughly 2,000 children being impacted by their mothers' incarceration each year in Vermont.

There are serious and long term emotional and developmental impacts for children that experience parental arrest and incarceration. The time of arrest is often the most stressful phase for children. Many children suffer the trauma of witnessing their parent taken away by force. Nationally it is estimated that one of every five children whose mother is arrested witness the event.¹⁰ Despite the fact that 80% of incarcerated women are mothers, there is no specific public policy or routine process in Vermont or nationally when mothers are arrested to coordinate what happens to their children.

Children whose parents are incarcerated experience the separation in similar ways to children who lose their parents to death or abandonment. Children's response to parental incarceration will vary according to their age, adaptability, and available support systems. Regardless, they face a severe and

⁹ Vermont Department of Corrections *Facts & Figures FY2005*

¹⁰ Covington, Pamela. *Breaking the Cycle of Despair: Children of Incarcerated Mothers*. Women's Prison Association, 1995.

often sudden disruption in their primary attachments. Incarceration rates are linked to other risk factors, which contribute to these children's and their family's level of risk. Among these are higher rates of violence (both domestic and public violence), substance abuse, mental illness and child maltreatment, all of which are also correlated with increased rates of poverty.¹¹

Children disrupted by parental incarceration are often separated not only from their primary caregivers, but also from their siblings and natural community supports as well. They may have to change communities, daycare providers or schools, and may reside many hours apart from siblings. Some children may lack, or may not have yet developed, the language or skills to express themselves adequately and these sudden changes often translate into unmanageable behaviors that may get misinterpreted or misdiagnosed if the context of incarceration is not considered.

Unless a child is in an abusive or unsafe situation, it is more often than not in the best interest of the child to be kept out of foster care and placed with family members so that family relationships can be strengthened. However, it is also possible for a child to enter into state custody and be placed with family members. If a child does not enter state custody, kinship providers can be impacted financially and there may be fewer services to support them. One national study reported that two-thirds of the caregivers to children of imprisoned mothers did not have the financial support needed to meet the necessary expenses of the child.¹² As Vermont does not have subsidized guardianships, this can create an incentive to place children in state custody.

There is a growing body of research that indicates the importance of maintaining and strengthening familial relationships for not only the children, but also the inmate. Programs including family members in prisoner treatment during incarceration and after release can produce positive results for prisoners, children, families, institutions, and communities.¹³

An important piece of research, done by The Vera Institute of Justice in New York, analyzed patterns of criminal conviction and incarceration among mothers of children in foster care. They found that the timing of arrest, conviction and placement suggested that children are removed in the midst of a downward spiral in the mother's life that continues more rapidly after the removal.

- Child removal appeared to accelerate "criminal activity" among the study group's mothers, and,
- Mothers were more likely to be arrested and convicted in the 18 months after the child was removed than in the equivalent period before the placement. Most of the incarcerations occurred in the year after the child's placement.

The Vera Institute believes that family preservation efforts may function as a crime reduction tool. The study suggested that once the child's safety is provided for, the prospects for family reunification

¹¹ Adalist-Estrin, Ann. *The Impact of Parental Incarceration on Children*, Children Of Prisoners Library, 2005

¹² Child Welfare League of America . *What Happens to Children?* Child Welfare League of America: Federal Resource Center for Children of Prisoners, 2002

¹³ Hairston, J. Creasie Finney. *From Prison to Home: The Effect of Incarceration and Reentry on Children, Families, and Communities* , December 2001

can be improved by using case planning to focus more attention on the mother, especially her need for substance abuse treatment.¹⁴

Pregnancy is an important family related issue for women in prison. In Vermont, there are generally between 4 and 9 pregnant women in prison at any time, and an average of 3-4 new women who are admitted each month are found to be pregnant. Although 6% of women who enter prison are pregnant (both a Vermont and National average), most states make no special arrangements for the care of the newborns and mothers, and babies are separated from their mothers within hours of their birth. There is a large body of knowledge around maternal-infant attachment, the process of bonding, and critical periods of development that indicate the significant and long term negative effects of maternal deprivation/attachment for the infant/child, and the importance of infant mental health on healthy social and emotional early childhood development.¹⁵

There are no published research reports on the impact of The Adoptions and Safe Families Act of 1997 (ASFA) on mothers who are prisoners. Data obtained in one study of children of prisoners in long term foster care showed increased terminations of parental rights following passage of the legislation. Theoretically, few prisoners are able to meet the requirements of the law where states must petition to terminate parental rights when the child has been in foster care for 15 months, unless there is a compelling reason why that is not in the child's best interest. The average prison stay can be longer than the period in which termination procedures are required to begin and it can be very difficult for parents in prison to comply with child welfare mandates.¹⁶

Work in Progress

- The Mothers and Families United Program for mothers at the Dale Women's Correctional Facility and Southeast State Correctional Facility supports and enhances women's roles as mothers during their incarceration. It was developed in 2004 and is provided under contract basis by Vermont Children's Aid Society. Clinical Social Workers are located at each facility (20 hours at DALE and 32 hours at SESCOF) and provide:
 - Case Coordination if DCF is involved;
 - Therapeutic Parenting Education and Support Groups;
 - Grief and Loss groups;
 - Visitation access and Mother/Child visits;
 - Reentry planning around parenting issues.
- The IWI is working closely with Vermont Children's Aid Society in the design and development of their community based program working with children and their caregivers impacted by parental incarceration.
- A Memorandum of Understanding with the Lund Family Center that enables DOC to do a medical/treatment furlough with pregnant women who meet their criteria and with permission of the sentencing judge, to the Lund Family Center prior to reaching her minimum in order to deliver her baby and fully participate in the Lund program.

¹⁴ Ehrensaft, Miriam et al. *Patterns of Criminal Conviction and Incarceration Among Mothers of Children in Foster Care in New York City*, Vera Institute of Justice, December 2003

¹⁵ Onunaku, Ngozi. Improving Maternal and Infant Mental Health: Focus on Maternal Depression, July 2005

¹⁶ Summarized from *Report of the Reentry Policy Council*, a public/private partnership funded by the US Departments of Justice, Labor and Health and Human Services – Policy Statement 34 Children and Family Systems

- The Family Treatment Court in Chittenden County is a separate docket for parents who have agreed that their substance abuse is a primary issue interfering with their ability to parent. The parents voluntarily sign onto the program which provides treatment for 12 - 24 months. To date approximately 60 parents have been served, primarily women (57), with a total of 96 children. There have been 17 graduates (15 are currently active).
- Improving communication and collaboration between DCF-Family Services and DOC to provide families of incarcerated parents with needed supports by:
 - ensuring the facilitation of quality visits and other contact between incarcerated parents and their children;
 - collaborative case planning between DCF-Family Services and DOC to assist families in creating successful plans for re-entry and reunification;
 - enhanced supports when a Termination of Parental Rights process is being pursued.
- Improving and integrating data collection between DOC and DCF-Family Services in order to provide better coordination around intersecting cases and information on a woman's relationship with her children at the point of contact with DOC.
- Working with the DCF-Child Development Division to identify supports and services for children and their caretakers impacted by parental incarceration, including:
 - Creating a system within AHS and with community partners to identify children and families at risk;
 - Ensuring the availability of effective, best practice interventions in community-based child serving agencies working with this high risk population;
 - Collaboratively designing and presenting a statewide conference regarding the unique issues facing children impacted by parental incarceration;
 - Delivering a workshop focusing on the impact of parental incarceration on children and their caregivers for the annual Vermont Kin as Parents Conference in April of 2007.
- Working with the Youth in Transition efforts to identify best practice and resources for identifying and intervening with young girls at risk as they age out of state custody.
- AHS is working closely with the Lund Family Center in Burlington to support expansion of its Residential Treatment Program capacity from 18 to 30 beds. The Residential Treatment Program currently serves young women between the ages of twelve and twenty-eight, who are pregnant or parenting a child up to the age of five. Some of the expansion beds may be able to have alternative uses, e.g. for transition beds at reentry or as an alternative to incarceration for young pregnant or parenting women.

3) Housing Issues Facing Women Inmates Returning to the Community

Introduction

S-265 asked the Core Team to identify, explore, and propose legislative responses to the issues many women inmates face upon release from the facility relating to the need to find suitable housing.

Women inmates experience significant issues with housing ranging from homelessness or the lack of safe, drug and alcohol free, and affordable housing all of which contributes to the potential for women being incarcerated. In studies done across the country, when imprisoned women have been asked what they need to make the transition from prison into the community, low-cost housing is identified as a priority.

Recent Research and Indicators

At any given time, there are between 8 and 15 women (5% to 9%) in prison in Vermont due to lack of housing options. Data from analysis of returns to prison indicate that an average of 8% of women are returned monthly for loss of residence. The housing issues and needs of women are interrelated with their ability to be economically self-sufficient, adequately care for their children, vulnerability to domestic violence and management of their substance use disorders.

In a housing survey conducted by ‘Women Evolving’ (an advocacy group) with incarcerated women at DALE and SESCOF, they found that women in prison had histories of unstable housing situations. Of the women surveyed approximately 50% had moved 1-3 times in the last 12 months and 40% identified that their longest residence in the last 12 months had been 4-6 months in one place. Of that same group, 50% indicated having children living with them. The women identified an inability to find jobs at a suitable wage, which resulted in a reliance on the support of family, partners or friends for more than half of their income/expenses. Dependence for housing and financial support is at times adversely affected by others’ use of substance use and mental health issues.¹⁷

Many women leaving prison have felony property offenses and can be barred from federally funded public housing. Federal laws give local public housing agencies the discretion to deny eligibility to anyone with a criminal background and Section 8 practices around eligibility are inconsistent across the State. Section 8 vouchers require that voucher holders pay between 30% and 40% of their income for their housing costs to receive a Section 8 voucher. This means that Section 8 vouchers are becoming more unavailable for people due to rising rent costs across the state.

Local Housing Authorities prioritize those who may obtain housing first. These include victims of domestic violence, individuals/families with children, and those that are homeless. Women without children are faced with additional obstacles due to this high demand on low-income housing.

Most drug and alcohol free transitional housing options are not available for women with their children. For many women, transitional and supportive housing options could facilitate a successful re-entry, especially housing options where women can include their children.

¹⁷ Women Evolving, *Information on Housing Issues for Incarcerated Women - Alternatives to Reduce the Numbers of Women in Prison*, Report submitted by October 15, 2004

Finally, if a woman's children are in state custody and she is working toward reunification, the lack of secure housing hinders her chance of regaining custody of her children and reuniting the family.

Current Work in Progress

- The AHS has implemented a Benefits Enrollment and Restoration program to ensure that women inmates are enrolled in health, economic and social security disability programs upon their release, in order to provide stability and support for women to maintain housing.
- The AHS Director of Housing and Deputy Commissioner of Field Services are working with the Vermont State Housing Authority on opportunities to apply for additional housing voucher funds through the Shelter Plus Care program. These funds require that case management and supportive services be applied for eligibility.
- AHS is working with the Vermont Housing and Conservation Board (VHCB), Department of Housing and Community Affairs (DHCA), Vermont State Housing Authority (VSHA), and the Vermont Housing Finance Agency (VHFA) on the "hard to house" population. We are working with the Corporation for Supportive Housing (CSH) to develop a comprehensive approach to meeting the needs of the state's "hard to house" population. This is an effective way to educate service and housing providers on the needs of the clients and landlords. We are also working to obtain Housing and Urban Development (HUD) training and technical assistance funding to bring the CSH 'Partnership Institute' to Vermont to provide an overview of their approach, and to inform and educate policy makers and community partners about the effectiveness of Connecticut's comprehensive approach to permanent supportive housing.
- DOC is exploring a change in practice that will support opportunities for women residing together upon reentry as a way to save on costs, increase capacity and provide opportunities for mutual support when appropriate.
- DOC is creating ways to improve and expedite the process of exploring and locating housing and job opportunities for women from Dale Women's Correctional Facility and Southeast State Correctional Facility (SESCF)
 - Creating the opportunity for use of day furloughs and transportation to their communities for housing and job search;
 - Implementing reentry planning at intake, focused around housing, in order to facilitate re-entry success;
 - Ensuring timely calls to housing and employment leads from the facility;
 - Ensuring that transition planners work with community based organizations and are familiar with the full range of housing options available in each community.
- DOC is creating transition/reentry programs in facilities to help women develop skills to enhance successful community reentry. Examples include: completing job and housing applications, managing money and repairing credit, interviewing for housing and jobs, and understanding community resources.
- DOC is providing identification and documentation necessary to obtain housing, public benefits and specialized services for women upon release from prison.

- DOC is funding transitional housing placements for women including: 4 at Aerie House in St. Johnsbury, 4 at the Phoenix House Rise program in Brattleboro, and 5 in central Vermont.
- AHS is providing funding and working collaboratively with the Northern Lights Consortium Transitional Housing Project to develop a program housing 10 women in Burlington that is expected to open in 2007.
- AHS is working collaboratively with the Lund Family Center in their expansion to consider creating additional capacity for transitional housing beds for women with their children.

4) Mental Health and Substance Abuse Treatment Issues Facing Women Offenders

Introduction

S-265 *asked the Core Team to identify, explore, and propose legislative responses to the issues many women offenders face relating to the need to access adequate mental health and substance abuse treatment, both within the facilities and in the community.*

Substance abuse, mental health issues and trauma histories are prevalent among women offenders. Treatment for co-occurring¹⁸ substance use and mental health disorders needs to be provided in an integrated fashion. Treatment services for women must be trauma informed, gender responsive and holistic to best serve their complex needs; this includes addressing relationship and economic issues.

For many women, their substance use disorder is a chronic issue, subject to relapse and requiring more than one, and often multiple treatment episodes. Women offenders with mental health issues may also require on-going treatment and support services to successfully manage their disorders. Ensuring that these women have access to substance abuse and mental health services in prison, coupled with community based treatment upon their reentry is critical to supporting safe and successful re-entry, according to the federal Center for Substance Abuse Treatment.

Recent Research and Indicators

Studies in Vermont have shown that between 85-95% of women in prison have significant substance abuse issues and approximately 70% have been diagnosed with mental health disorders. 88% of the women also report serious histories of physical and sexual violence across their life span.

Analysis of returns to prison each month show that 64% of all the women who are admitted are incarcerated because of violations of conditions of release, of which a significant number are related to relapse of their substance use disorders. This results in disruptions to the continuity of care for women who are incarcerated and the loss connections to their treatment providers. A seamless system of care between the community and DOC women's facilities which can integrate treatment planning, including medication, must be established and utilized. Treatment levels must be matched to current need as determined by a clinical assessment. The planning process should include women and their current support systems.

Work needs to be on-going in this area to further delineate the integration of responsive substance abuse and mental health services with the law enforcement component of supervision and public safety. It is essential that there be a clear, well-utilized process for linking the criminal justice system with the Vermont Department of Health divisions of Alcohol and Drug Abuse Programs (ADAP) and

¹⁸ (Note: People with co-occurring substance use and mental disorders are individuals who have at least one psychiatric disorder as well as an alcohol or drug use disorder according to DSM diagnosis. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms) at least one disorder of each type can be diagnosed independently of the other. Individuals in this group are not homogeneous and may be in need of different levels of care based on the severity of their mental illness or substance abuse disorder. Furthermore, they may have multiple impairments rather than just two illnesses.)

Mental Health (MH). Women offenders encounter many points along a continuum with the legal system, from Judges to probation officers. The ADAP and MH staffs need a conduit for providing best practice information regarding substance abuse and mental health treatment to this population. As the legal system attempts to understand and to make use of treatment that utilizes the latest research regarding efficacy of medication assisted substance use treatment, ADAP is well positioned to be providing support and technical assistance.

ADAP and MH staff are also well positioned to provide support and technical assistance to providing services that are gender responsive, evidence-based and trauma informed. Studies have shown that substance abuse treatment can reduce both criminal activity and drug use when in prison treatment is coupled with community based aftercare. Integrated and holistic approaches, such as wraparound models, can be very effective because they address multiple goals and needs in a coordinated way and facilitate access to services.¹⁹

Currently mental health and substance abuse treatment are often not being provided in an integrated fashion, but instead on parallel tracks. Existing funding structures can create barriers to this integration. In Vermont, there is limited funding for mental health and substance abuse treatment for certain populations. Community mental health centers are reserved for those with major mental health diagnoses, who are at risk for hospitalization, and there is a cap on Medicaid reimbursement for case management, an important component of treatment for this population. In addition, waiting lists are long and gender specific and responsive services are less available in rural areas.

Work needs to be ongoing around improving the continuum of care between prison and communities. Transitional housing and case management are two key components that should be part of a substance abuse treatment continuum. Of the transitional housing opportunities that do exist for women, most are drug and alcohol free housing facilities and require a certain amount of sobriety to be eligible and follow strict guidelines for dismissal upon relapse.

Current Work in Progress

There are several ongoing projects that address the needs of women involved with the corrections system to receive appropriate treatment for their substance use disorders.

- ADAP staff has been meeting monthly with a work group of substance abuse treatment providers on women's issues as they pertain to treatment. The group has written and submitted to ADAP a set of standards specific to women's treatment and ADAP is currently reviewing these recommendations for inclusion within existing regulations. The group has also been working on establishing recommendations for gender responsive screening/assessment tools.
- The majority of treatment providers in the state, both outpatient and residential facilities, are using Lisa Najavits *Seeking Safety* curriculum.

¹⁹ Reed, B., and Leavitt, M. *Modified wraparound and women offenders in community corrections: Strategies, opportunities and tensions*. In *Assessment to assistance: Programs for women in community corrections*, ed. M. McMahon, 1-106. Lanham, Md.: American Correctional Association, 2000.

- The integrated treatment subcommittee of the Incarcerated Women's Initiative has been providing information and support to the three communities charged with developing innovative programs to provide holistic substance abuse treatment with Drug Enforcement, Treatment, Education and Recovery (DETER) funding.
- ADAP and MH are in the early stages of implementing a Co-Occurring State Infrastructure Grant (COSIG) that will support integrated service delivery and bring fiscal and information management processes closer together for providers of multiple services.
- Adult Drug Treatment Courts are a strategy to keep women (and men) from being incarcerated. They are an important aspect of the continuum of services established for clients with substance use disorders who are involved with the legal system. Vermont has served 80 women in the adult drug treatment courts, 19 women have graduated and there are 26 women currently participating. All of Vermont's treatment courts serve primarily clients with co-occurring substance use and mental health disorders and work is underway to begin to integrate the courts to reflect this reality and to provide best practice treatment. Participants are those entering the criminal justice system as well as those returning on violations of probation.
- Vermont Department of Health (VDH) Deputy Commissioner for alcohol and drug abuse programs has been a member of the Incarcerated Women's Initiative Core Team since its inception, and has included an emphasis on this population as a priority for VDH.

5) Alternatives to Incarceration for Women Offenders

Introduction

S-265 asked the Core Team to identify, explore, and propose legislative responses to the need for alternatives to incarceration for women, to reduce overcrowding in prisons, to reduce the impact of separation of mothers from their children, and to reduce the separation of women from their home communities.

It should be noted that a Report to the Legislature on H. 516, Section 143a, Final Report: Women and Substance Abuse; Study Group for Alternatives to Incarceration for Women Offenders was previously submitted on April 10, 2006. The report is attached in its entirety to this document. In the attached report, a pilot Alternative to Incarceration (A.T.I.) program is proposed for Chittenden County that would assist women by diverting them from jail and engaging them in treatment, rehabilitation and support services that are essential to their long term, successful adaptation to community living. The pilot design included a pre-booking component and a post-booking component to serve women with mental illness/substance abuse/trauma (MH/SA/T) who are at risk of arrest, and for those women who have been arrested for misdemeanors and/or non-violent offenses.

Alternatives to incarceration include strategies such as graduated sanctions utilized by probation officers and both formal and informal programs designed to divert women from incarceration. Residential settings are sometimes referred to as ATI's in the literature²⁰. This range of alternatives is designed to divert offenders from incarceration. They are integral strategies that can result in crime reduction, reductions in jail and prison populations, improvements in cost benefits, and ultimately improved outcomes for offenders, as well as their communities. National studies on alternatives to incarceration, which provide services in lieu of jail, have shown that they can reduce jail time and successfully treat people in the community without compromising public safety. Non-criminal justice funding streams are very important in the creation of alternatives, which are generally provided by and through community based agencies.

Recent Research and Indicators

Vermont's incarceration capacity for female inmates includes two facilities designed to house 155 inmates. Despite our limited capacity the average daily population of incarcerated women was 176 in October 2006. Our highest census occurred on 9/25/06, with 185 incarcerated women. Prison beds for women are very expensive. In FY'05, the cost of a bed at the Dale Correctional Facility for women was \$71,912 and at Windsor Correctional Facility it was \$45,603.²¹

As this report has highlighted, 76% of the women in prison are there for non-violent crimes, 80% of the women are mothers, and the vast majority of those are single parents.²² Analysis of the incarcerated women's population in Vermont reveals that 64% of the total monthly admissions to women's facilities are for revocations of furlough due to technical violations, including: use of substances, being out of place, or inappropriate contact with others.

²⁰ Jacobs, Ann – Women's Prison Association - WPA. *Alternatives to Incarceration Workshop*, Transforming Our Work with Criminal Justice Involved Women Conference. Sheraton Hotel, South Burlington, VT. 5 December 2005.

²¹ Vermont Department of Corrections *Facts & Figures FY2005*

²² Vermont Department of Corrections *Facts & Figures FY2005*

Research supports developing alternatives or an ATI program for women who are in violation of their release conditions. Programs that serve the purpose of detouring women from jail reflect a philosophical shift away from using incarceration to sanction certain behaviors and towards community based services aimed at rehabilitation.

Current Work in Progress

- A residential program for women at risk for re-incarceration as a consequence of substance abuse has been funded and will be opening as an expansion of the DOC Tapestry program in early 2007.
- Refer to the recommendation mentioned previously in Section 4 regarding Adult Drug Treatment Courts.
- Across the state AHS Field Services and other agency and community partners are developing promising and coordinated case planning approaches addressing the multi-dimensional issues facing women and their immediate family, examples of these developments include:
 - Service coordination teams providing treatment planning and case management for women at risk of violating their conditions of release while on probation and furlough.
 - Reentry teams of treatment providers working in the prisons to ensure the appropriate package of services and supports are in place upon release.
 - Community Response Teams specifically serving women using substances that are pregnant or parenting.

Bibliography and Resources

- Adalist-Estrin, Ann. *The Impact of Parental Incarceration on Children*, Children of Prisoners Library, 2005.
- Adalist-Estrin, Ann. Responding to the Needs of Children and Families of Incarcerated Mothers. Burlington, VT, December 19, 2005.
- Adalist-Estrin, Ann and Jim Mustin. *Responding to Children and Families of Prisoners: A Community Guide*, January 2003.
- Bloom, B, and D. Steinhart. *Why punish the children? A reappraisal of the children of Incarcerated mothers in America*. San Francisco: National Council on Crime and Delinquency, 1993
- Bloom, B. *Public policy and the children of incarcerated parents*. In K. Gabel & D. Johnston (Eds.), *Children of incarcerated parents*. New York: Lexington Books, 1995.
- Bloom, Barbara, Barbara Owen and Stephanie Covington. *Gender –Responsive Strategies for Women Offenders - A Summary of Research, Practice, and Guiding Principles*, National Institute of Corrections, 2003.
- Burgess, Brian L. *Review of the Circumstances of Women Incarcerated on December 31, 2004*, Office of the Administrative Judge for Trial Courts, Compiled March 4, 2005.
- Children of Incarcerated Parents Project. *Report to the Oregon Legislature on Senate Bill 133*, December 2002.
- Children of Incarcerated Parents Project. *And How Are the Children?* Report to the Oregon Legislature, December 2004.
- Child Welfare League of America. *What Happens to Children?* Child Welfare League of America: Federal Resource Center for Children of Prisoners, 2002
- Clements, William. *Women and Crime Analysis: Findings and Observations*, Vermont Center for Justice Research March 23, 2005
- Covington, Pamela. *Breaking the Cycle of Despair: Children of Incarcerated Mothers*. Women's Prison Association, 1995.
- Cunningham, Alison and Linda Baker. *Invisible Victims: The Children of Women in Prison*, Centre for Children & Families in the Justice System, December 2004
- DeHart, Dana. *Pathways to Prison: Impact of Victimization on the Lives of Incarcerated Women*, 2004.

Dodge, Mary and Mark Pogrebin. *Collateral Costs of Imprisonment for Women: Complications for Reintegration*, March 2001.

Ehrensaft, Miriam et al. *Patterns of Criminal Conviction and Incarceration Among Mothers of Children in Foster Care in New York City*, Vera Institute of Justice, December 2003.

Family Strengthening Policy Center. *Supporting Families with Incarcerated Parents: Strengthening Families – Policy Brief No. 8*, National Human Services Assembly

Hairston, J. Creasie Finney. *Prisoners and Families: Parenting Issues During Incarceration*, US Department of Health and Human Services, January 2002.

Hairston, J. Creasie Finney. *From Prison to Home: The Effect of Incarceration and Reentry on Children, Families, and Communities*, December 2001.

Jacobs, Ann – Women's Prison Association - WPA. *Alternatives to Incarceration Workshop*, Transforming Our Work with Criminal Justice Involved Women Conference. Sheraton Hotel, South Burlington, VT. 5 December 2005.

Katz, Pamela Covington. *Supporting Families and Children of Mothers in Jail: An Integrated Child Welfare and Criminal Justice Strategy*. Child Welfare League of America. Vol LXXVII, #5 September/October 1998.

Minnesota State Advisory Task Force on Female Offenders. *One Less Bed - A Report on Alternatives to Incarceration-Female Offenders*, MCF-Shakopee, February 2004.

Moore, Alvin R. and Mary J. Clement. *Effects of Parent Training for Incarcerated Mothers*, Journal of Offender Rehabilitation. Vol 27, No. 1&2. New Jersey: Haworth Press, 1998

Onunaku, Ngozi. *Improving Maternal and Infant Mental Health: Focus on Maternal Depression*, July 2005

Parke, Ross D. *Effects of Parental Incarceration on Young Children*, University California, Riverside, December 2001

Report of the Reentry Policy Council, a public/private partnership funded by the US Departments of Justice, Labor and Health and Human Services. www.reentrypolicy.org

Reed, B., and Leavitt, M. *Modified wraparound and women offenders in community corrections: Strategies, opportunities and tensions*. In *Assessment to assistance: Programs for women in community corrections*, ed. M. McMahon, 1-106. Lanham, Md.: American Correctional Association, 2000.

Shilton, Mary K. *A Resource Guide for Mother-Child Community Corrections*, The Mother-Child Community Corrections Project, International Community Corrections Association, La Crosse, WI, 2000; Bureau of Justice Assistance, Office of Justice Programs

Seymour, Cynthia. *Children with Incarcerated Parents: A Fact Sheet*, Child Welfare League of America, 1999

Seymour, Cynthia. *Children with Parents in Prison: Child Welfare Policy, Program, and Practice Issues*, Child Welfare Journal of Policy, Practice, and Program: Children With Parents in Prison, 1998

Substance Abuse Treatment for Adults in the Criminal Justice System, A Treatment Improvement Protocol; 44. U. S. Department of health and Human Services, 2005

Trout, Michael. *The Awakening and Growth of the Human: Studies in Infant Mental Health*, The Infant-Parent Institute

Vermont Department of Corrections *Facts & Figures FY2005*

Vermont Department of Public Safety, Division of Criminal Justice Services. *The New Vermont Crime Report: Vermont Crime On-Line - Crimes in Vermont by Gender 2004*,
http://www.dps.state.vt.us/cjs/crime_04/vcon.htm

Women Evolving, *Information on Housing Issues for Incarcerated Women - Alternatives to Reduce the Numbers of Women in Prison*, Report submitted by October 15, 2004

Women's Advocacy Project. *Making Family Reunification a Reality for Criminal Justice Involved Women – 2005 Policy Recommendations*, Women's Prison Association, 2005.